



State of Idaho

DEPARTMENT OF WATER RESOURCES

1341 Fillmore Street, Suite 200, Twin Falls ID 83301-3380

Phone: (208) 736-3033 FAX: (208) 736-3037

SOUTHERN REGION

DIRK KEMPTHORNE
Governor

KARL J. DREHER
Director

August 26, 2002

Guy Peterson & Kathleen Donahue
Route 1
Carey, ID 83320

CERTIFIED MAIL

Dear Mr. Peterson & Ms. Donahue:

Recently, as a response to complaints from water users, our Department investigated several water diversions on Muldoon Creek. Your diversion from Muldoon Creek located in the Southwest $\frac{1}{4}$ of the Northwest $\frac{1}{4}$ of Section 19, Township 03 North, Range 22 East, was one of the diversions that was investigated. The investigation, conducted on August 14th, revealed that you were diverting approximately 8.25 cubic feet per second (412.5 inches) of water from Muldoon Creek. Review of Department records indicates that you have a water right, 37-1143, that only allows for the diversion of 2.80 cubic feet per second (140.0 inches) of water from Muldoon Creek.

The Department has investigated the Muldoon Creek Water District, 37-O, records and has determined that currently no one has been elected to serve as water master on Muldoon Creek. The August 14th investigation revealed that you were diverting far more water than allowed under your water right, and several water rights further downstream were not being delivered their fully authorized amount from Muldoon Creek. For these reasons, **the Department hereby directs you to reduce your diversion from Muldoon Creek to 2.80 cubic feet per second (140.0 inches) within three days of receiving this letter. The Department will be reinvestigating the Muldoon Creek diversions after you receive this letter. If your diversion from Muldoon Creek is not reduced to the 2.80 cubic feet per second (140.0 inches) allowed by your water right, a Notice of Violation will be issued and you will be subject to civil penalties of up to \$300 per irrigated acre, up to a maximum of \$50,000 per year, pursuant to §42-1701B, Idaho Code.**

If you have questions regarding this matter please feel free to contact our office.

Sincerely,

Corey Skinner, PE
Water Resource Engineer

Cc: Tim Luke – IDWR State Office

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7002 0460 0000 7276 4966

OFFICIAL USE

CAREY, ID 83320

Postage	\$ 0.37	UNIT ID: 0372
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 4.42	

Postmark
 AUG 26 1992
 Clark, ID 83202

Sent To
 Guy Peterson & Kathleen Donahue
 Street, Apt. No.,
 or PO Box No. Rt 1
 City, State, ZIP+4
 Carey ID 83320

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: CS/IL/8-26-02</p> <p>Guy Peterson & Kathleen Donahue RT 1 Carey ID 83320</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label) 7002 0460 0000 7276 4966</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	